

PART B - FEE(S) TRANSMITTAL

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7933B 7590 08/26/2008

KENYON & KENYON LLP
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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/781,420	02/18/2004	Rajesh Bhaskar	13641-238701	3050

TITLE OF INVENTION: APPARATUS, METHODS, AND ARTICLES FOR A BLIND GHOST CANCELLATION ON AN SD VIDEO

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, MICHAEL	2622	348-614000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

ANALOG DEVICES, INC.

NORWOOD, MASSACHUSETTS

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
 Payment by credit card. ~~13641-238701~~
 The Director is hereby authorized to charge ~~13641-238701~~ any deficiency, or credit any overpayment, to Deposit Account Number 110600 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Robert L. Hails

Date November 25, 2008

Typed or printed name Robert L. Hails

Registration No. 39,702

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